MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039932 STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5680

FILED NOV 4 1963

DO NOT WRITE ON THIS STUB / AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	2908	2	
3			
4	1		
5	2		
6			
7	0		
8	0		
9	332X		
10			
11			
12	90-0		
13			

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
   a. COUNTY: JACKSON
   b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY
   Length of stay in 1b: 12 YEARS
   c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 7429 FLORA AVENUE
   Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
   a. STATE: Missouri b. COUNTY: JACKSON
   c. CITY OR TOWN: KANSAS CITY
   Inside Limits: Yes ☒ No ☐
   d. STREET ADDRESS (If outside, give location): 7429 FLORA AVENUE
   Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First DORA Middle MAE Last GROOMER

4. DATE OF DEATH: Month OCTOBER Day 18 Year 1963

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 4/6/1885

9. AGE (last birthday): 78
   IF UNDER 1 YEAR Months / Days; IF UNDER 24 HR Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOMEMAKER

10b. KIND OF BUSINESS OR INDUSTRY: DOMESTIC

11. BIRTHPLACE (City and state or country): CAMERON, MISSOURI

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: GEORGE P. WORLAND

13b. MOTHER'S MAIDEN NAME: MARY SNOW

14. NAME OF HUSBAND OR WIFE: JOHN GROOMER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: MRS. REVA M. WEAVER Address: 7429 FLORA AVENUE KANSAS CITY, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Further Cerebral Thrombosis	2 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	1st Cerebral Thrombosis w hemiplegia & Aphasia	40 mo.
DUE TO (c)	Arteriosclerotic Cerebrovascular Disease	Indefinite

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from February 63 to 10-18-63 and last saw her/him alive on 10-17-63
Death occurred at 1:05 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Samuel C. Petrie Samuel C. Petrie MD

22b. ADDRESS: 6100 Monterey Mission, Kans.

22c. DATE SIGNED: 10-18-63

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: OCT. 21. 1963

23c. NAME OF CEMETERY OR CREMATORY: HIGGINSVILLE CEMETERY

23d. LOCATION (City, town, or county) (State): HIGGINSVILLE MISSOURI

24. FUNERAL DIRECTOR ADDRESS: D.W. NEWCOMER'S SONS 1331-13 RUSH CREEK KANSAS CITY, MO.

25. DATE RECD. BY LOCAL REG.: 10-21-63

26. REGISTRAR'S SIGNATURE: Bessie Smith

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by ______________________________, Student Embalmer No.__________

working under my personal supervision.

Student______________________________
Signature of Student Embalmer

Signed Rollie Kessel

Licensed Embalmer No. 4690

P. O. Address Indep Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Dr. Samuel C. Pettit · Ro 2-1166
Room #2
Shawnee Mission Medical Bldg - 6100 Martway
1:00-5:00 - 9 00
0-08-0